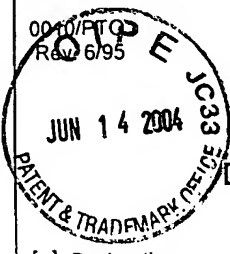


Type a plus sign (+) inside this box → ☐

 <p>U.S. Department of Commerce Patent and Trademark Office</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing</p>	Attorney Docket	GMM/414/PC/US
	First Named Inventor	Herbert Früh
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Composition of Matter and its Use as a Coagulant and Flocculent

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached Yes No	
101 47 658.2	Germany	09/27/2001	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP02/10697	09/24/2002	

☐ Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

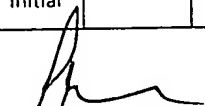
As a named inventor, I hereby appoint in the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name: **Alix, Yale & Ristas, LLP**

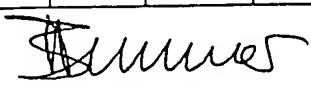
Customer Number: **002543**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

Given Name	Herbert	Middle Initial		Family Name	Früh	Suffix	
Inventor's Signature					Date	16 th march 2004	
RESIDENCE: City	Bonstetten	State		Country	Switzerland	Citizenship	Switzerland
POST OFFICE ADDRESS	Rütistrasse 37						
City	Bonstetten	State		Zip	8909	Country	Switzerland
						Applicant Authority	

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name	Ulrich	Middle Initial		Family Name	Brunner	Suffix	
Inventor's Signature					Date	16 th march 2004	
RESIDENCE: City	Zürich	State		Country	Switzerland	Citizenship	Switzerland
POST OFFICE ADDRESS	Sustenweg 7						
City	Zürich	State		Zip	8048	Country	Switzerland
						Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
-------------	--

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	André				Middle Initial					Family Name	Thum				Suffix				
Inventor's Signature		<i>A. Thum</i>								Date		<i>16th march 2004</i>							
RESIDENCE: City		Stafä		State						Country		Switzerland		Citizenship		Switzerland			
POST OFFICE ADDRESS		Tödihof 2																	
City	Stafä		State						Zip	8712		Country		Switzerland		Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial					Family Name					Suffix				
Inventor's Signature										Date									
RESIDENCE: City				State						Country				Citizenship					
POST OFFICE ADDRESS																			
City			State						Zip			Country				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial					Family Name					Suffix				
Inventor's Signature										Date									
RESIDENCE: City				State						Country				Citizenship					
POST OFFICE ADDRESS																			
City			State						Zip			Country				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial					Family Name					Suffix				
Inventor's Signature										Date									
RESIDENCE: City				State						Country				Citizenship					
POST OFFICE ADDRESS																			
City			State						Zip			Country				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial					Family Name					Suffix				
Inventor's Signature										Date									
RESIDENCE: City				State						Country				Citizenship					
POST OFFICE ADDRESS																			
City			State						Zip			Country				Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			